

PPO Response #1

SMALL GROUP PPO and OOA PRODUCT DESCRIPTIONS

PPO: The small group PPO (Preferred Provider Organization) product provides enrollees access to care through either a participating provider network (PHCS) or any licensed provider/facility of their choice. Kaiser Permanente Choice Solution PPO plan is available to small employers through the CalChoice exchange program.

HSA PPO: The small group HSA plan is a PPO plan with the additional feature that it is a high deductible plan designed to be a federally qualified High Deductible Health Plan (HDHP) compatible with Health Savings Accounts (HSA's) in accordance with the Medicare Prescription Drug, Improvement and Modernization Act of 2003, as then constituted or later amended. Kaiser Permanente Choice Solutions PPO with HAS plan is available to small employers through the CalChoice exchange program.

OOA: The Kaiser Permanente Choice Solution Out-of-Area (OOA) Indemnity Plan provides enrollees access to care from any licensed provider of their choice. It is offered to small employers with employees living outside the Kaiser Permanente service area where there is not adequate PHCS network coverage. Kaiser Permanente Choice Solution OOA plan is available to small employers through the CalChoice exchange program.

Plan Description	PPO 40/1000		PPO 40/2500 w/HSA		KPCS PPO 20/500 (30/500)		KPCS PPO 40/2200 w/HSA		KPCS OOA Indemnity
	Participating Provider	Non Participating Provider	Participating Provider	Non Participating Provider	Participating Provider	Non Participating Provider	Participating Provider	Non Participating Provider	
Calendar Year Deductible									
Individual	\$1,000		\$2,500	\$3,500	\$500	\$750	\$2,200	\$3,200	\$500
Family 2-member	\$2,000		\$5,000	\$7,000	\$1,000	\$1,500	\$4,400	\$6,400	\$1,000
Family 3 or more	N/A		N/A	N/A	\$1,500	\$2,250	N/A	N/A	\$1,500
Maximum Benefit While Insured	None	\$5,000,000	None	\$5,000,000	None	\$5,000,000	None	\$5,000,000	None
Calendar Year Out of Pocket Maximum									
Individual	\$5,000	\$10,000	\$5,000	\$10,000	\$2,000	\$6,000	\$4,000	\$8,000	\$1,500
Family 2-member	\$10,000	\$20,000	\$10,000	\$20,000	\$4,000	\$12,000	\$8,000	\$16,000	\$4,500
Family 3 or more	N/A	N/A	N/A	N/A	\$6,000	\$18,000	N/A	N/A	N/A
Inpatient	70%	50%	70%	50%	80%	50%	70%	50%	70%, Subject

Drugs									
Generic	\$15 Copayment per prescription Deductible waived	Not Covered	\$15 Copayment per prescription	Not Covered	\$15 Copayment per prescription Deductible waived	Not Covered	\$15 Copayment per prescription	Not Covered	\$15 Copayment Deductible waived
Brand/ Brand Formulary	\$35 Copayment per prescription Deductible waived	Not Covered	\$35 Copayment per prescription	Not Covered	\$40 Copayment per prescription Deductible waived	Not Covered	\$35 Copayment per prescription	Not Covered	\$40 Copayment Deductible waived
Non Formulary	N/A		N/A		\$60 Copayment per prescription Deductible waived	Not Covered	N/A		N/A
Brand Prescription Drug Deductible	\$200 per Calendar Year		None		\$250 per Calendar Year		None		None